

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		ADJUDICATED		ADJUDICATED			AD FILED		ADJUDICATED		ADJUDICATED		
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP	
1	/						91							
2							92							
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TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	12						TOTAL DEP.							
TOTAL CLAIMS	13						TOTAL CLAIMS							